



**State of ARKANSAS  
REAL ESTATE COMMISSION**

612 South Summit Street  
Little Rock AR 72201-4740  
Phone: (501) 683-8010  
www.arec.arkansas.gov

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COMMISSION STAFF  
Gary C. Isom  
Executive Director  
Andrea S. Alford  
Deputy Executive Director

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## **CITATION DISPUTE FORM**

**Please print legibly:**

**Name:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_ **Home/Cell Phone:** \_\_\_\_\_

**Principal Broker Name:** \_\_\_\_\_

**By signing below, I certify that I have read and understood the following:**

- This form must be received by the Real Estate Commission within thirty (30) days of the citation's issuance in order to serve as my verified written complaint contesting the citation.
- Pursuant to 17-42-312, if a licensee disputes the citation by timely filing a verified written complaint with the Commission, the licensee shall be provided a hearing before the Commission under § 17-42-314.
- AREC publishes the names of all persons who are sanctioned at hearings conducted pursuant to 17-42-312.
- The Commission may modify or vacate a citation issued under this subsection with or without a hearing.

**I, \_\_\_\_\_, wish to dispute the Citation issued to me by the Arkansas Real Estate Commission.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

You may attach additional documentation if necessary.